

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/628172

**RC E CLAIMS AS FILED - PART I**

|   | (Column 1)      | (Column 2)   |
|---|-----------------|--------------|
| TOTAL CLAIMS  |                 |              |
| FOR   | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 12 minus 20 = * | /            |
| INDEPENDENT CLAIMS  | 2 minus 3 = *   | /            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE <input type="checkbox"/> |        | OR | OTHER THAN SMALL ENTITY |        |
|--|--------|----|-------------------------|--------|
| RATE                                       | FEE    |    | RATE                    | FEE    |
| BASIC FEE                                  | 385.00 | OR | BASIC FEE               | 770.00 |
| X\$ 9=                                     |        | OR | X\$18=                  |        |
| X43=                                       |        | OR | X86=                    |        |
| +145=                                      |        | OR | +290=                   |        |
| TOTAL                                      |        | OR | TOTAL                   |        |

**CLAIMS AS AMENDED - PART II**

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | Minus                              | **            |
|             | Independent   | Minus                              | ***           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

| SMALL ENTITY     |                | OR | OTHER THAN SMALL ENTITY |                |
|------------------|----------------|----|-------------------------|----------------|
| RATE             | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=                  |                |
| X43=             |                | OR | X86=                    |                |
| +145=            |                | OR | +290=                   |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE        |                |

**AMENDMENT B**

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | Minus                              | **            |
|             | Independent   | Minus                              | ***           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

| SMALL ENTITY     |                | OR | OTHER THAN SMALL ENTITY |                |
|------------------|----------------|----|-------------------------|----------------|
| RATE             | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=                  |                |
| X43=             |                | OR | X86=                    |                |
| +145=            |                | OR | +290=                   |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE        |                |

**AMENDMENT C**

|             | (Column 1)  | (Column 2)                         | (Column 3)    |
|-------------|---|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | Minus                              | **            |
|             | Independent   | Minus                              | ***           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                    |               |

| SMALL ENTITY     |                | OR | OTHER THAN SMALL ENTITY |                |
|------------------|----------------|----|-------------------------|----------------|
| RATE             | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=           |                | OR | X\$18=                  |                |
| X43=             |                | OR | X86=                    |                |
| +145=            |                | OR | +290=                   |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE        |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.